Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: _Rachel Truair Farris_

Date Received: _2/22/13_   **Applicant Number:** _10402_

Recommended Applicant Pool Status: | **Final Applicant Pool Status:**

☑ Included   ☐ Removed | ☑ Included   ☐ Removed

REQUIREMENTS:

1. **Was the application received before the submission deadline?**   ☑ Yes ☐ No

   If NO, list time/date application was received: _____

2. **Is the application complete?**   ☑ Yes ☐ No

   If NO, list the item(s) that need to be completed:

3. **Indicate how the applicant responded to the following questions:**

   A. **Student enrolled in a college/university in the City of Austin?**   ☐ Yes ☑ No

   If YES, consider i and ii only; If NO, consider i, ii, iii, and iv:

   i. **Reside in the City of Austin?**   ☑ Yes ☐ No

   ii. **Registered to vote in the City of Austin?**   ☑ Yes ☐ No

   iii. **Continuously registered to vote in the City of Austin?**   ☑ Yes ☐ No

   iv. **Voted in 3 of the last 5 City of Austin general elections?**   ☑ Yes ☐ No

❖ **Follow-up needed related to REQUIREMENTS?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

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CONFLICTS OF INTEREST:

4. Did the applicant respond "Yes" to any conflict of interest questions?   ☐ Yes ☑ No

   IF YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. Are applicant answers consistent?   ☑ Yes ☐ No

   If NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**   ☐ Yes ☑ No

   If YES, identify issue(s) addressed and disposition:

Application Reviewed By: _BC_	Review Date: _2/25/13_
Quality Control Review By: _____	QC Review Date: _2/27/13_
Follow-up Contact(s) Reviewed By: _n/a_	Date: _____